



# State of Wisconsin Higher Educational Aids Board

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Tony Evers  
Governor

Connie Hutchison, PhD  
Executive Secretary

## WISCONSIN INDIAN STUDENT ASSISTANCE GRANT: NEW STUDENT

This is a need-based grant available to Wisconsin residents who are attending a Wisconsin school of higher education. You must have one-quarter degree of Native American blood or be an enrolled member of a federally recognized tribe. The grant has a maximum of 10 semester awards.

This form is for **new students only**.

**\*\*If you are a continuing student, please go back to the website and download the Indian Student Assistance Grant: Continuing Student form.\*\***

There are three sections that each need to be filled out by different parties.

- Student:** Complete the Student Section & sign, then forward to your Tribal Education/Enrollment Office for certification.
- Tribal Education/Enrollment Office:** Complete & sign the Tribal/BIA Office Section to certify the degree of Native American blood.  
Certification is required only once; subsequent grant applications do not require certification.
  - If the blood degree is less than one-quarter, review and sign the exception statement as appropriate.
  - The BIA may certify applicants with a combination of blood degrees totaling one-quarter who are unable to be certified as a member of any tribe due to minimal degrees.
  - Mail or fax this application to the postsecondary school the student plans to attend.
- Financial Aid Office:** Complete the Office of Financial Aid Section, sign and mail or fax to: Wisconsin Higher Educational Aids Board  
WIG Program  
P. O. Box 7885, Madison, WI 53707-7885  
Fax: (608) 267-2808
  - Also mail or fax a copy to the Tribal Education Office.

If you have any questions, please contact Charlene Sime at: [charlenek.sime@wi.gov](mailto:charlenek.sime@wi.gov) or by phone (608) 266-0888

### Student Section

|   |  |
|---|--|
| Academic Year: 20__ - 20__  | Current Student Status: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate |
| Student Name: _____<br>Last First   | Social Security #: _____   |
| Phone: _____  | Email: _____ Birthdate: _____  |
| Current Address: _____<br>Street Address Apartment/Unit #   |  |
| City State ZIP Code   |  |
| I have resided at this address since: _____<br>Month Year at each location for last 5 years on a separate sheet of paper                      |  |
| High School Attended: _____<br>Name of High School City State Graduation/GED date   |  |
| I plan to Attend: _____<br>Name of College/Institution City State Enrollment Term   |  |
| Have you previously received a grant under this program? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year(s)? _____ |  |
| Father's Name: _____  | Mother's Name: _____   |
| Tribe/Reservation: _____  | Tribe/Reservation: _____   |
| Address: _____  | Address: _____   |

### STUDENT STATEMENT (IMPORTANT – READ CAREFULLY)

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the school. I further agree that I will apply for any financial aid available to me. I request the Office of Student Financial Aid to notify the BIA, State, and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the BIA, State and Tribe at the end of each academic term. I request that any Bureau scholarship funds be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_ SSN #: \_\_\_\_\_  
Last Name First Name Street Address Apt. City State Zip Code

### Tribal/BIA Office Section

I hereby certify that the above-named applicant is \_\_\_\_\_ degree \_\_\_\_\_ Indian blood according to available records.  
Name of Tribe

Certifying Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tribal Education Office: \_\_\_\_\_  
Name of Office Address Fax Number

### EXCEPTION STATEMENT

This is to certify that the above-named applicant, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

- ☐ Will be recognized as a member of the \_\_\_\_\_ Tribe for the purpose of the State of Wisconsin Indian Assistance Grant Program.
- ☐ Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete the certification below.

| Degree                         | Tribe | Certifying Official Signature | Date  |
|--------------------------------|-------|-------------------------------|-------|
| _____                          | _____ | _____                         | _____ |
| _____                          | _____ | _____                         | _____ |
| _____                          | _____ | _____                         | _____ |
| = Total Degree of Indian Blood |       |                               |       |

### Office of Student Financial Aid Section

School Name: \_\_\_\_\_ New Student ☐ or Continuing Student ☐

School Address: \_\_\_\_\_  
Street Address City State Zip Code

Budget Period: \_\_\_\_\_ to \_\_\_\_\_ Year in School: \_\_\_\_\_ Status: Full-time ☐ Part-time ☐ Special ☐

Expected Degree: AA ☐ BA/BS ☐ MA/MS ☐ Other: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Living: On Campus ☐ Off Campus ☐ With Parents ☐

#### Approved Student Budget:

|                   |          |
|-------------------|----------|
| Tuition & Fees    | \$ _____ |
| Books & Supplies  | _____    |
| Room & Board      | _____    |
| Personal Expenses | _____    |
| Transportation    | _____    |
| Other: _____      | _____    |
| _____             | _____    |
| _____             | _____    |

**TOTAL BUDGET** \$ \_\_\_\_\_

#### Anticipated Student Resources:

|                      |          |
|----------------------|----------|
| Student Contribution | \$ _____ |
| Parent Contribution  | _____    |
| Veteran's Benefit    | _____    |
| Social Security      | _____    |
| Vocational Rehab.    | _____    |
| General Assist./TANF | _____    |
| Other: _____         | _____    |
| _____                | _____    |
| _____                | _____    |

**TOTAL RESOURCES** \$ \_\_\_\_\_

#### Awards:

|                              |          |
|------------------------------|----------|
| Pell Grant                   | \$ _____ |
| Suppl. Ed. Opportunity Grant | _____    |
| Wisconsin Grant              | _____    |
| TIP Grant                    | _____    |
| Minority Grant               | _____    |
| Federal Work Study           | _____    |
| Perkins Loan                 | _____    |
| Subsidized Stafford Loan     | _____    |
| Other: _____                 | _____    |
| _____                        | _____    |
| _____                        | _____    |

**Recommended WI Indian Grant** \_\_\_\_\_

**Recommended Tribal/BIA Grant** \_\_\_\_\_

(Tribal/BIA \$ \_\_\_\_\_ for \_\_\_\_\_ terms)

**ASSESSED NEED** (Total Budget less Total Resources) = \$ \_\_\_\_\_

**TOTAL AWARDS** = \$ \_\_\_\_\_

Signature of Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_